



A PHE Company

## PART 1

### DELAWARE LEVEL 1 INTERCONNECTION APPLICATION & AGREEMENT

#### With Terms and Conditions for Interconnection

(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Application & Conditional Agreement – to be completed prior to installation)

#### INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: Timothy Taylor

Mailing Address: 105 Zachary Lane

City: Middletown State: DE Zip Code: 19709

Contact Person (If other than above): \_\_\_\_\_

Mailing Address (If other than above): \_\_\_\_\_

Telephone (Daytime): 302-275-1770 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address (Required): tims\_email@msn.com

#### Alternate Contact Information

Name: Sarah Ruane - Advanced Solar Heating & Air Conditioning

Mailing Address: PO BOX 7765

City: Newark State: DE Zip Code: 19714

Telephone (Daytime): 302-731-1000 (Evening): \_\_\_\_\_

Facsimile Number: 302-729-1800 E-Mail Address: sruane@sunnydelaware.com

#### FACILITY INFORMATION

Facility Address: 105 Zachary Lane

City: Middletown State: DE Zip Code: 19709

DPL Account # of Facility Site: 5500 2868 044

Energy Source: Photovoltaics Prime Mover: Photovoltaics

Type of Application: Initial ☒ Addition/Upgrade ☐ <sup>1</sup>

DC Nameplate Rating: 9.72 (kW) \_\_\_\_\_ (kVA), AC Inverter Rating 7600 (kW), AC System  
Design Capacity: 9.72 (kW) \_\_\_\_\_ (kVA)

<sup>1</sup> Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.

Generator (or PV Panel) Manufacturer, Model #: Hyundai 270W

(A copy of Generator Nameplate and Manufacturer's Specification Sheet May Also be Submitted)

Inverter Manufacturer: Solaredge Model # & Rating: SE7600A-US

Number of Inverters: 1

Ampere Rating: 30 Amps<sub>AC</sub>, Number of Phases: ☒ 1 ☐ 3, Voltage Rating: 240

V<sub>AC</sub>,

Nominal DC Voltage: 200 V<sub>DC</sub>, Power Factor: 98 %, Frequency: 50 Hz,

DPL Accessible Disconnect or Lock Box: ☒ Yes ☐ No, If Yes, Location: next to meter

One-line Diagram Attached (Required): ☒ Yes ☐ No, Site Plan Attached (Required): ☒ Yes ☐ No

Do you plan to export power?<sup>2</sup> ☒ Yes ☐ No, If Yes, Estimated Maximum: 30 per day kW<sub>AC</sub>

Estimated Gross Annual Energy Production: 12000 kWh

Is the inverter IEEE/UL1741 lab certified? Yes ☒ No ☐ (If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility is not eligible for Level 1 Application.)

Estimated Commissioning Date: 08/01/2015

**EQUIPMENT INSTALLATION CONTRACTOR**

Check if owner-installed ☐

Name: Advanced Solar Heating & Air Conditioning

Mailing Address: PO BOX 7765

City: Newark State: DE Zip Code: 19714

Telephone (Daytime): 302-731-1000 (Evening): \_\_\_\_\_

Facsimile Number: 302-729-1800 E-Mail Address (Required): sruane@sunnydelaware.com

**ELECTRICAL CONTRACTOR**

Name: Chappe Saxton

Mailing Address: PO BOX 670

City: Bear State: DE Zip Code: 19701

Telephone (Daytime): 302-559-3321 (Evening): \_\_\_\_\_

Facsimile Number: 302-292-1197 E-Mail Address: csaxton.compasselectric@gmail.com

License number: T1-0005260

Active License? Yes ☒ No ☐

Is small generator facility eligible for Net Metering? Yes ☒ No ☐

<sup>2</sup> Yes, if your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

## **INSURANCE DISCLOSURE**

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

## **CUSTOMER SIGNATURE**

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **Conditional Agreement to Interconnect Small Generator Facility** (for EDC use only)

Receipt of the application fee is acknowledged and, by its signature below, the EDC has determined the interconnection request is complete. Interconnection of the small generator facility is conditionally approved contingent upon the attached terms and conditions of this Agreement the return of the attached Certificate of Completion duly executed, verification of electrical inspection and successful witness test or EDC waiver thereof.

EDC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_





A PHI Company

## PART 2

### DELAWARE INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection  
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)  
(Final Agreement – must be completed after installation and prior to interconnection)

### Certificate of Completion<sup>11</sup>

#### INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: Timothy Taylor  
Mailing Address: 105 Zachary Lane  
City: Middletown State: DE Zip Code: 19709  
Telephone (Daytime): 302-275-1770 (Evening): \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail Address: tims\_email@msn.com

#### FACILITY INFORMATION

Facility Address: 105 Zachary Lane  
City: Middletown State: DE Zip Code: 19709  
DPL Account #: 5500 2868 044 Meter #: \_\_\_\_\_  
Energy Source: Solar PV Prime Mover: Photovoltaics  
Inverter Type: Forced Commutated ☐ Line Commutated ☒  
Number of Inverters: 1  
Inverter Manufacturer: Solaredge Model Number(s) of Inverter: SE7600A-US

Rating DC Generator Total<sup>12</sup> Nameplate Rating: 9.72 (kW),  
AC Inverter Total<sup>13</sup> Rating 7600 (kW),  
AC System Design Total Capacity<sup>14</sup>: 9.72 (kW) \_\_\_\_\_ (kVA)

Generator (or PV Panel) Manufacturer, Model #<sup>15</sup>: Hyundai

<sup>11</sup> Information entered here on Certificate of Completion (Part 2) must match part 1

<sup>12</sup> Sum of all generators or PV Panels

<sup>13</sup> Sum of all inverters

<sup>14</sup> This will be your system design capacity based upon your unique system variables.

<sup>15</sup> If more than one type, please list all manufactures and model numbers.

**EQUIPMENT INSTALLATION CONTRACTOR**Owner (Customer) Installed: ☐ Yes ☒ NoContractor Name: Advanced SolarMailing Address: PO BOX 7765City: NewarkState: DEZip Code: 19714Telephone (Daytime): 302-731-1000

(Evening): \_\_\_\_\_

Fax Number: 302-729-1800E-Mail Address: srwane@sunnydelaware.com**FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE**

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: \_\_\_\_\_

*(Signature of interconnection customer)*Date 12/01/15Printed Name: Timothy TaylorCheck if copy of signed electric inspection form is attached ☒**ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)**

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? (Initial) Yes (DCD) No (\_\_\_\_)

If not waived, date of successful Witness Test: \_\_\_\_\_ Passed: (Initial) (\_\_\_\_)

EDC Signature: Diana C. DeAngelis Date: 2015.12.2813:07:47 -05'00'Date: 12/28/15Printed Name: Diana C. DeAngelisTitle: Regulatory Affairs Lead